Karen Johnson Davidson County
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# STATE OF TENNESSEE

**I, RICHARD R. ROOKER,** Clerk of the Circuit Court for Davidson County, do hereby certify that the foregoing is a true and complete copy of the **LAST WILL AND TESTAMENT** heretofore assigned to Seventh Circuit Court (Probate Division) for Davidson County, Tennessee, Case No. **19P-593**.

**ESTATE OF DIANA WHIDDON**

**IN TESTIMONY WHEREOF,** I hereunto subscribe my name and affix the seal of said Court, at office, in Nashville, the 15th day of January in the year Two Thousand and twenty.

**RICHARD R. ROOKER, Clerk**

**By:** _____ Deputy Clerk

RICHARD R. ROOKER CIRCUIT COURT CLERK

Sue 19p593

# *LAST WILL AND TESTAMENT OF DIANA WHIDDON*

I, DIANA WHIDDON, of NASHVILLE, Tennessee, revoke my former Wills and Codicils and declare this to be my Last Will and Testament.

## ARTICLE I
## IDENTIFICATION OF FAMILY

I am not currently married to anyone.

I do not have any children at the time of the signing of this Will.

## ARTICLE II
## PAYMENT OF DEBTS AND EXPENSES

I direct that my just debts, funeral expenses and expenses of last illness be first paid from my estate.

## ARTICLE III
## DISPOSITION OF PROPERTY

A. Specific Bequests. I direct that the following specific bequests be made from my estate.

REGIONS SAVINGS AND BANK ACCOUNT shall be distributed to JEAN SUE CHASCA. If this beneficiary does not survive me, this bequest shall be distributed to DAVID LOWREY. If this beneficiary does not survive me, this bequest shall be distributed with my residuary estate.

705 SOUTH 16TH ST PERSONAL HOME shall be distributed to JEAN SUE CHASCA. If this beneficiary does not survive me, this bequest shall be distributed to DAVID LOWREY. If this beneficiary does not survive me, this bequest shall be distributed with my residuary estate.

PERSONAL CAR shall be distributed to JEAN SUE CHASCA. If this beneficiary does not survive me, this bequest shall be distributed to DAVID LOWREY. If this beneficiary does not survive me, this bequest shall be distributed with my residuary estate.

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ALLSTATE ROTH ACCOUNT shall be distributed to JEAN SUE CHASCA. If this beneficiary does not survive me, this bequest shall be distributed to DAVID LOWREY. If this beneficiary does not survive me, this bequest shall be distributed with my residuary estate.

anything left shall be distributed to Molly Petroni. If this beneficiary does not survive me, this bequest shall be distributed to Molly Petroni. If this beneficiary does not survive me, this bequest shall be distributed with my residuary estate.

B. Remaining Tangible Personal Property. My remaining tangible personal property shall be distributed to JEAN SUE CHASCA. If this beneficiary does not survive me, this property shall be distributed to DAVID LOWREY. If this beneficiary does not survive me, this property shall be distributed with my residuary estate.

C. Residuary Estate. I direct that my residuary estate be distributed to the following beneficiaries in the percentages as shown:

80% - JEAN SUE CHASCA, NASHVILLE, Tennessee. If this person does not survive me, this share shall be distributed to DAVID LOWREY, NASHVILLE, Tennessee.

15% - David Lowrey, Nashville, Tennessee. If this person does not survive me, this share shall be distributed to Molly Petroni, Nashville, Tennessee.

5% - Molly Petroni, Nashville, Tennessee. If this person does not survive me, this share shall be distributed to ASPCA, Washington, DC, District of Columbia.

100 - *Percent Total*

## ARTICLE IV
## PET CARE DIRECTIVES

Notwithstanding any other provision of this Will, I further direct that:

A. Pet Caretaker. I give my following pet(s):

- My dog, Casey
- My cat, TOBEY, MAGGIE AND PUNKIN
- My bird, Cockatiel Bird

and any other animals which I may own as companion animals at the time of my death, to SUE CHASCA, presently residing at 2706 MASHBURN RD, NASHVILLE, Tennessee 37210, with the request that he or she treat them as companion animals. If he or she is unable or unwilling to

accept my animals, I give such animals to DAVID LOWREY, presently residing at 204 KENSINGTON PK, NASHVILLE, Tennessee 37215, with the request that he or she treat them as companion animals. If he or she is unable or unwilling to accept my animals, my Executor shall select an appropriate person to accept the animals and treat them as companion animals, and I give my animals to such person.

## ARTICLE V
## NOMINATION OF INDEPENDENT EXECUTOR

I nominate JEAN SUE CHASCA, of NASHVILLE, Tennessee, as my Independent Executor, to serve without bond, surety, or other security. If such person or entity does not serve for any reason, I nominate DAVID LOWREY, of NASHVILLE, Tennessee, and MOLLY PETRONI, of Nashville, Tennessee, as Co-Executors (the "Executor"), to serve without bond, surety, or other security.

## ARTICLE VI
## EXECUTOR POWERS

A. Power to Administer Estate. My Independent Executor, with respect to my estate, in addition to other powers and authority granted by law or necessary or appropriate for proper administration, shall have the following rights, powers, and authority without order of court and without notice to anyone: to identify, gather, value, secure, manage and distribute assets, to maintain records, to settle and wind up business affairs, to pay just debts, to file necessary tax returns, to redirect mail, to cancel services, to establish trusts, and to carry out my wishes as set forth in this Will.

B. Independent Administration. My Independent Executor shall have the right to administer my estate using "informal", "unsupervised", or "independent" probate or equivalent legislation designed to operate without unnecessary intervention by the probate court.

## ARTICLE VII
## SPECIAL DIRECTIVES

I hereby state, that in addition to the directives and bequests as set forth in this Will, it is my desire and wish to include the following special directives and last wishes: CREMATED ASHES THROWN IN PERCY AND EDWIN WARNER PARK or in stream in Edwin Warner Park

## ARTICLE VIII
## MISCELLANEOUS PROVISIONS

A. Paragraph Titles and Gender. The titles given to the paragraphs of this Will are inserted for reference purposes only and are not to be considered as forming a part of this Will in interpreting its provisions. All words used in this Will in any gender shall extend to and include all genders, and any singular words shall include the plural expression, and vice versa, specifically including "child" and "children", when the context or facts so require, and any pronouns shall be taken to refer to the person or persons intended regardless of gender or number.

B. Thirty Day Survival Requirement. For the purposes of determining the appropriate distributions under this Will, no person shall be deemed to have survived me unless such person is also surviving on the thirtieth day after the date of my death.

C. Liability of Fiduciary. No fiduciary who is a natural person shall, in the absence of fraudulent conduct or bad faith, be liable individually to any beneficiary of my estate, and my estate shall indemnify such natural person from any and all claims or expenses in connection with or arising out of that fiduciary's good faith actions or nonactions of the fiduciary, except for such actions or nonactions which constitute fraudulent conduct or bad faith. No successor trustee shall be obliged to inquire into or be in any way accountable for the previous administration of the trust property.

D. Beneficiary Disputes. If any bequest requires that the bequest be distributed between or among two or more beneficiaries, the specific items of property comprising the respective shares shall be determined by such beneficiaries if they can agree, and if not, by my Independent Executor.

**IN WITNESS WHEREOF,** I have subscribed my name below, this 30th day of January, 2017.

Testator Signature: Diana Whiddon

DIANA WHIDDON




Lisa A Spells

Notary Comm Expires March 10, 2019

We, the undersigned, hereby certify that the above instrument, which consists of 6 pages, including the page(s) which contain the witness signatures, was signed in our sight and presence by DIANA WHIDDON (the "Testator"), who declared this instrument to be his/her Last Will and Testament and we, at the Testator's request and in the Testator's sight and presence, and in the sight and presence of each other, do hereby subscribe our names as witnesses on the date shown above.

Witness Signature: Stella M Kuyzer
Name: Stella M Kuyzer
Address: 726 S. 11th St
City: Nashville
State: TN
Phone Number: 615-336-1161
Email: Skuyzer3@bellsouth.net

Witness Signature: John Halliburton
Name: John Halliburton
Address: 113 S 13th Str
City: Nashville
State: TN 615-
Phone Number: 337-5743
Email: jhalliburton1954@gmail.com

Witness Signature: Laquanda J. Harley
Name: Laquanda J. Harley
Address: 639 Westwood Drive Dr.
City: Nashville
State: TN
Phone Number: (615) 227-0132
Email: harold.street@comcast.net

## AFFIDAVIT

I, DIANA WHIDDON, the Testator, sign my name to this Will this 30th day of January, 2017, and being first duly sworn, do hereby declare to the undersigned authority that I sign and execute this instrument as my Will and that I sign it willingly, in the presence of the undersigned witnesses, that I execute it as my free and voluntary act for the purposes expressed in the Will, and that I am eighteen years of age or older, of sound mind, and under no constraint or undue influence.

Testator Signature: Diana Whiddon
DIANA WHIDDON

We, Stella m Kyzer and John Halliburton and Lajuanda J. Harley, the witnesses, sign our names to this Will, being first duly sworn, and do hereby declare to the undersigned authority that the Testator signs and executes this instrument as the Testator's will and that the Testator signs it willingly in our presence, and that the Testator executes it as the Testator's free and voluntary act for the purposes expressed in the Will, and that each of us, in the presence and hearing of the Testator, at the Testator's request, and in the presence of each other, hereby signs this Will, on the date of the instrument, as witness to the Testator's signing, and that to the best of our knowledge the Testator is eighteen years of age or older, of sound mind and memory, and under no constraint or undue influence, and that we the witnesses are of adult age and otherwise competent to be witnesses.

Witness Signature: Stella m Kyzer
Name: Stella m Kyzer
Address: 706 S 16th St
City: Nashville,
State: TN 37206
Phone Number: 615 330-1161
Email: Skyzer340bellsouth.net

Witness Signature: John Halliburton
Name: John Halliburton
Address: 1135 13th Str.
City: Nashville
State: TN 37206

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Phone Number: 615-337-5743
Email: jhalliburton1954@gmail.com

†Witness Signature: *Lajuanda J. Harley
Name: Lajuanda J. Harley
Address: 639 West Fortune Dr.
City: Nashville
State: TN
Phone Number: (615) 227-0137
Email: harold.street@comcast.net

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STATE OF TENNESSEE
COUNTY OF DAVIDSON

Subscribed, sworn to and acknowledged before me by DIANA WHIDDON, the Testator; and subscribed and sworn to before me by *Sally Kuyper and John Halliburton and *Lajuanda J. Harley, witnesses, this 30th day of January, 2017.

Lisa A. Spells
State of Tennessee Notary Public
Davidson County

Notary public, or other officer authorized to take and certify acknowledgments and administer oaths

Notary Comm Expires March 10, 2019